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GONORRHŒAL LABOR.*

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Gonorrhœal labor is a modern innovation. There are pains in pregnant women which precede labor from two to six weeks, and even longer, which are very annoying, and frequently become so severe as to lead the patient to send for her physician, believing that labor has really set in. This is the only reason for calling them false labor pains. These pains resemble the monthly sick pains that women frequently experience. They are felt in the back or groins, or both, and occasionally on the anterior surface of the thigh, and are intermittent in character. They really have nothing to do with labor, although they deceive the patient on account of their resemblance to the premonitory pains of labor. Pains felt high up in the hypochondriac regions, right or left, are frequently due to the abdominal muscles, and may be relieved by a bandage. They are felt as early as the fifth or sixth month, and definitely localized. Occasionally there is a side pain situated lower down, due to the irritation of an inflamed ovary. Intestinal pains are generally distinguished from these by attending circumstances, such as indigestion, constipation, or indiscretion of diet. One element in the excitation of these pains is doubtless a nervous temperament or a nervous condition due to overwork, worry, or change of life. Normal pregnancy in a healthy woman is free from pain until its close. What, then, are the causes of this modification of normal labor? From observation I can find only two well-marked causes—viz., old and sore lacerations of the cervix, either large or small, and gonorrhœal irritation in a greater or less degree. Both may exist together. I will now proceed to give in general outline a report of a case typical of so-called false pains, and which, in my observation, is a misnomer:

Recently, on August 7, 1895, I was called to see a lady, a multipara, thirty-seven years of age. I found her in bed, fully believing that she was in labor, and would have her baby before morning. Her

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time for labor, according to count, was September 23, 1895. Having made a vaginal examination, and having assured her that she would have no child at this time, after giving morphine and camphor water to relieve unnecessary pains, I told her to rest easy. These pains were in the iliac regions, extending into the back and *vice versa*, intermittently, and occasionally passing into the anterior part of the thighs, unaccompanied by any signs whatever of dilatation of the cervix, or perceptible contractions of the uterus. On September 2d I was again sent for. The pains were of the same character as before, and had been experienced daily since my last visit. Upon placing my hand upon the uterine globe there was no perceptible contraction in the uterine muscles. On making a vaginal examination, the cervix was found to be lacerated in the second degree, and the index finger passed readily within the internal os of the uterus. The head and membranes could be plainly felt. I could not have done this on the previous occasion. In such an examination much care should be exercised lest the membranes be broken. This open condition I have often observed under similar circumstances. These pains continued daily until 5.15 A. M. on September 14th, when the child was suddenly born, with no more than five labor pains. This was the observation of the nurse, as the child had been born five minutes before I arrived. In this case there was also a slight vaginal discharge, suggesting the possibility of mild gonorrhœal infection, for which I had prescribed the daily use of the syringe with creolin. There was, however, in this case undoubtedly an underlying nervous condition, due to commencing change of life, and in many of these cases I believe this condition to be probably, indeed, operative.

Gonorrhœal labor differs from the case above described in the fact that the pains are greater in degree, and are really accompanied with genuine uterine contractions and a decided effort at dilatation which, after continuing a few hours, subside entirely for a few days or weeks. They are also accompanied with a profuse irritating discharge and with burning in passing water.

CASE I.—Mrs. R., pregnant with the third child, went into labor May 10, 1886, at 10 A. M., and had well-marked labor pains, accompanied with well-marked effort at dilatation and a show of blood, which continued until 12 P. M. They then ceased entirely until 7 A. M. of May 11th. During May 11th she continued to feel slight pains, which gradually ceased, and she then remained free from pain until May 14th at 5 P. M., when labor set in, and the child was born at 7.25 in the evening. Through neglect of the syringe by the nurse, the in-

fant suffered with a violent and prolonged attack of double ophthalmia, but finally recovered with good eyes.

CASE II.—Mrs. F., pregnant with the fourth child, was taken with pains August 29, 1890, and in my absence sent for several physicians who gave her attention until September 1st. When I saw her I recognized an acute attack of gonorrhœa, which had brought on labor pains, accompanied with an effort at dilatation; also profuse gonorrhœal flow, burning in passing water, followed with rheumatic swelling of the large joint of the right index finger, which remained painful for two weeks. Labor set in September 13, 1890, and the child was born at 4.30 P. M. Owing to neglect in carefulness enjoined in cleansing during the previous two weeks and during labor, the child suffered from double ophthalmia, and after long treatment recovered with the loss of one eye.

CASE III.—Mrs. C. sent for me May 28, 1895, being, as she fully believed, in active labor, and in which she apparently was. Being called at 3 A. M, I remained until 6 A. M. During this time she had regular active labor pains and profuse leucorrhœa with a well-marked effort at dilatation. I visited her several times that day and the following day, when the pains gradually subsided and she went about the house as usual. The lady who waited on, her being in the house, syringed her and cleansed her faithfully, and administered treatment daily until she went into labor June 15, 1895, her child being born at 2.10 P. M. As the vagina had been cleansed frequently during labor and the child's eyes washed with boric-acid solution, there was no ophthalmia, and the patient made an uninterrupted recovery.

The treatment in these cases should be thorough cleansing before, during, and after birth, with treatment of fœtal eyes. In healthy children and healthy labors the vernix caseosa is sufficient to protect the eyes, and, in my judgment, only in suspicious cases should the eyes be treated.

These three cases, though not sufficient to prove anything beyond a doubt, still show a uniformity in their testimony to an abnormal interference with pregnancy. They agree in the clinical fact that they were gonorrhœal in origin, as is shown by the ophthalmia in two cases, and in the third the patient confessed to the pains having followed a connection. The discharge in this latter case was the most profuse and irritating in character that I have seen. Although the gonococcus was not demonstrated, yet the clinical proof was beyond a doubt. These pains differed essentially from so-called false labor pains in the fact that they were accompanied by an effort at dilatation, and the

contraction of the uterus could be readily felt on the abdomen continuing for several hours, and then after entire cessation for several days or weeks labor set in and was completed naturally.

False labor pains, so called, in my judgment, are due to uterine irritation, originating in an inflamed and lacerated cervix, and frequently with the adjunct of mild gonorrhœal infection.

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